

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		9/6/01
O.I.P.E. CLASSIFIER	TM	22	9/12
FORMALITY REVIEW	RL	1019	10-03-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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S-10  
10/14/01